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# Case No. 8 - Perinatal Asphyxia Brain Injury with Fetal Growth Restriction

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PERINATAL ASPHYXIA BRAIN INJURY WITH  
FETAL GROWTH RESTRICTION

John and Joan Edwards wished to begin a family. When Joan tested positive for pregnancy, Joan enrolled at the community clinic for pregnancy care.

The community clinic had an agreement with the University Hospital. Pursuant to the agreement, University Hospital would furnish the clinic with a qualified obstetrician and midwives to staff the clinic for prenatal pregnancy services; University Hospital would also furnish for clinic patients outpatient diagnostic services and in hospital delivery and newborn care.

Dr. Robert Jones is a board certified obstetrician who was assigned by University Hospital to cover the community clinic. When Dr. Jones was working at the clinic he would be expected to supervise each nurse mid-wife and also was expected to make certain that each patient received appropriate quality prenatal care.

Susan Smith was a certified nurse mid-wife who was also assigned by University Hospital to the community clinic. As a mid-wife Ms. Smith was qualified to manage "normal" pregnancies but was required to consult with a qualified supervising obstetrician should there be any complication or abnormality.

Joan Edwards was assigned by the clinic to Susan Smith for pregnancy management. A due date was determined to be October 22, 2009. When the pregnancy was at 20 weeks gestation, Joan was sent to University Hospital for a routine ultrasound. The ultrasound revealed that fetal size was then estimated to be at the 71<sup>st</sup> percentile. In addition, the clinical exam (fundal height 20 cms.) correlated with a 20 week pregnancy. The pregnancy up until 20 weeks gestation had no identifiable risk factors. Fetal growth apparently was proceeding normally based on clinical data (20 cms. at 20 weeks) and based on ultrasound data (71<sup>st</sup> percentile).

However, at 35 weeks gestation Ms. Smith measured the fundal height at 31 centimeters. Therefore, Ms. Smith referred Joan Edwards to University Hospital to evaluate "lagging fetal growth".

Roy Miller, M.D. who was a board certified high risk obstetrician supervised the evaluation for "lagging fetal growth" requested by Ms. Smith. The evaluation was performed on September 23, 2009 when the pregnancy was at 36 weeks gestation. Dr. Miller worked at University Hospital. A biophysical profile (B.P.P.) evaluation using ultrasound was normal (score 8/8). The fetal size was measured and estimated to be at the 26<sup>th</sup> percentile in size. Dr. Miller's report stated "normal interval growth". Dr. Miller's report did not address why fetal size went from the 71<sup>st</sup> percentile to the 26<sup>th</sup> percentile. Dr. Miller also did not explain in the report why the fundal height had not kept up with the gestational age. Dr. Miller's report was addressed to "Community Clinic". Dr. Miller never spoke to Ms. Smith, Dr. Jones, or Mr. and Mrs. Edwards. Ms. Smith read Dr. Miller's report and concluded everything was normal. As a result Ms. Smith concluded there was no indication to consult with either Dr. Miller or Dr. Jones.

Dr. Jones was never involved with Mrs. Edwards pregnancy as Dr. Jones relied on each mid-wife to call to his attention if a consultation was indicated.

Because each individual piece of information, fetal growth in the 71<sup>st</sup> percentile and then fetal growth in the 26<sup>th</sup> percentile were each "normal" (greater than the 10<sup>th</sup> percentile and less than the 90<sup>th</sup> percentile) the change in percentiles were not identified as a sign of possible growth restriction.

Ms. Smith saw Joan Edwards at the clinic on October 1, 2009 (37 weeks) and October 8, 2009 (38 weeks). Ms Smith's plan was to wait for labor. No clinical assessment was made of interval growth.

Ms. Smith next saw Joan Edwards at the clinic on October 15<sup>th</sup>, 2009 when the pregnancy was then at 39 weeks. On October 15<sup>th</sup> there was sugar in the urine. Ms. Smith attributed the sugar in the urine to a bagel eaten by Joan Edwards in the waiting room. Joan was told to return on October 22, 2009 if she had not yet gone into labor. Again no clinical assessment was made of interval growth.

Joan Edwards went into labor on October 21, 2009. When she arrived at University Hospital, a fetal heart rate monitor and sonogram revealed "fetal distress". (Deep variable FHR decels with a late return to baseline and minimal variability). An

emergency cesarean delivery produced the delivery of a severely depressed, small, under nourished and hypoxic newborn. Resuscitation reversed the depression but unfortunately the newborn (Jill) sustained irreversible brain damage.

At delivery, there was thick amniotic fluid consistent with a decrease in amniotic fluid volume; the newborn had Apgar scores of "0", "0", "1". The newborn birth weight was less than the 10<sup>th</sup> percentile. The cord gas revealed marked metabolic acidosis.

The only evaluation of the fetus at 37, 38 and 39 weeks was a Doptone FHR that was within normal limits.